



DNA DENTAL
DALLAS

DENTAL HISTORY

DNA Dental Dallas, Dr. Darya Timin
6162 East Mockingbird Lane., Suite 205 Dallas, TX 75214
214-295-9270 | www.dnadentaldallas.com

Please provide information on the last dentist you have seen:

Name: _____

Phone Number: _____

Date Range Seen: _____

Type of Treatment: _____

What is the primary reason you came to our office today? _____

Are you currently experiencing pain/discomfort? Yes No

Current dental health: Good Fair Poor

How often do you brush your teeth? _____ How often do you floss? _____

Do you use any other dental aids? (electric brushes, toothpick, floss threaders, etc) _____

Are any of your teeth sensitive to: cold or hot? Yes No — sweet? Yes No — biting or chewing? Yes No

Are your gums red, puffy, bleed or hurt? Yes No

Does food catch between your teeth? Yes No

Have you ever experienced pain or discomfort in your jaw? Yes No

Do you have sore muscles in the neck or shoulders? Yes No

Do you clench or grind your teeth when you sleep or awake? Yes No

Do you have habits like chewing ice, holding/biting nails or pencils? Yes No

Do you snore during sleep? Yes No

Do you feel tired in the morning? Yes No

Have your teeth shifted over the years? Yes No

Are any of the biting edges on your teeth chipped or worn down? Yes No

Are your teeth somewhat yellowed, darkened, or stained? Yes No

Do you have a "gummy" smile – showing too much gum tissue or having gums that are too thick? Yes No

Do you have any gray, black or silver (mercury) dental fillings in your teeth that you want to replace? Yes No

Do you have any old crowns that you don't like or that don't really look natural? Yes No

Do you smoke? Yes No, How much? _____ Do you drink alcohol? Yes No — How much? _____

Do you feel nervous about dental treatment? If yes, what is you biggest concern? _____

Have you had bad dental experience in past? Yes No

Explain: _____

Tell us what you would like to learn more about:

Orthodontics Cosmetic Dentistry Whitening Veneers Implants Dentures Other _____

Signature _____ Date _____